



California Medical Association

Physicians dedicated to the health of Californians

January 13, 2005

James P. Mayer
Executive Director
Little Hoover Commission
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Dear Mr. Mayer:

On behalf of the California Medical Association (CMA), I thank the Little Hoover Commission for the opportunity to comment on the Governor's proposal to reorganize boards and commissions. For the CMA, the most important aspect of this proposal is the elimination of the Medical Board of California (MBC) and the absorption of its activities into the Department of Consumer Affairs (DCA). Our comments will be limited to that subject.

CMA has worked with and followed the MBC closely over many years because we are very concerned about and supportive of a strong and effective system of licensing and discipline of physicians in California. The licensing functions for physicians should be driven most strongly by timely verification that applicants meet the largely non-controversial qualifications for licensure in California established in statute. In a state where we believe there is an existing and growing undersupply of physicians, the ability to process new applications quickly so that physicians can fill existing gaps is of utmost importance. We would urge that great attention be paid to this urgency wherever physician regulation is handled.

The function of the Medical Board in its disciplinary capacity is more complex. Over the years, CMA has been concerned that disciplinary functions and practices strongly and effectively address and appropriately deal with the limited number of licensed and practicing physicians who pose a real and significant risk of harm to patients. To the degree that the quality of care delivered to patients is in question, there is no one more concerned than the many good physicians whose effectiveness depends on the confidence among patients that the profession is well regulated. We believe for many reasons that such a system must consistently maintain strong and truly dedicated medical oversight. That was the theory behind the establishment of an oversight board composed of a majority of physicians charged with ongoing policy development, regulatory activities and evaluation and oversight of the activities of the paid staff, and it is an aspect of any system that we believe must be maintained.

Medical practice today is extraordinarily complex and varied across specialties. To be sure, the medical board does not reflect the entire spectrum of practice, but medical training confers a core understanding of practice issues for which there is no substitute in directing how the disciplinary system can appropriately evaluate and assess the standard of care that may come under scrutiny in the regulatory system. We are open to a more detailed proposal that includes this kind of appropriate medical oversight in the process.

The CMA does not necessarily believe that the existing board structure is the only way to achieve appropriate regulation of physicians licensed in California, and we stand ready to consider and help with an alternative that can provide appropriate regulation and public protection.

To our knowledge, within the current Department of Consumer Affairs, there is no existing model that meets the need we have described. Incorporating the current MBC staff and its operations into DCA could certainly include medical expert review of individual disciplinary cases, but this is not sufficient alone to replace the current role of physicians in matters of policy oversight and related to prioritization and appropriate case selection, evaluation and prosecution.

Furthermore, incorporation of some 34 new boards into the DCA operating structure adds enormously to the burdens of that department. Without additional substantive and ongoing medical oversight, the regulation of licensed physicians will certainly significantly be transformed into a largely staff driven and maintained operation. We do not think that is good for California consumers. Effective medical oversight and public participation and input are important and require that those accountable for performance be subject to regular observation, discussion and comment that is part of the current system. While it has been suggested that the DCA can and will create "advisory committees" which will meet around the state to hear public comment and provide advice to the Department, removal of those with true decision-making authority from the realm of public scrutiny is troublesome.

We sincerely support the Governor's office and this commission's examination of better ways to govern, and we are open to consideration of new ways to maintain effective oversight of the medical profession in California. We respectfully await a more detailed delineation of how that can be achieved and offer any assistance that would be helpful.

Sincerely,

A handwritten signature in black ink, appearing to read "John C. Lewin". The signature is fluid and cursive, with a long, sweeping horizontal line extending from the end.

John C. Lewin,
Executive Vice President and CEO